

NOV 16 2005

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To:

NAME:	FACSIMILE:	TELEPHONE:
MS Amendment USPTO	(571) 273-8300	(571) 272-2043

FROM: Christopher B. Eide

DATE:

November 16, 2005

Number of pages with cover page:	11
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Preparer of this slip has confirmed that facsimile number given is correct: 6719/jai5

Comments:

Attorney Docket No.: 443452000103
 Group Art Unit: 2835
 Examiner: L. Lea-Edmonds
 Serial No.: 10/678,006
 Filing Date: October 1, 2003
 Inventors: Giovanni COGLITORE et al.
 Title: HIGH DENSITY COMPUTER EQUIPMENT STORAGE SYSTEM

Documents attached:

- Transmittal Form (1 page)
- Fee Transmittal (original + copy for fee processing (2 pages)
- Amendment (6 pages)
- Petition for Extension of Time (1 page)

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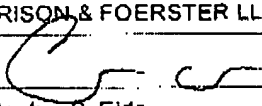
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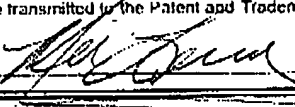
P10/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/678,006
	Filing Date	October 1, 2003
	First Named Inventor	Giovanni COGLITORE
	Art Unit	2835
	Examiner Name	L. Lea-Edmonds
	Attorney Docket Number	443452000103
Total Number of Pages in This Submission		10

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (original + copy for fee processing (2 pages)) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (8 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Coversheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MORRISON & FOERSTER LLP (Customer No.: 25226)	
Signature		
Printed name	Christopher B. Elde	
Date	November 16, 2005	Reg. No. 48,375

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.		
Dated: November 16, 2005	Signature: 	(Moi Y. Leung)

pa-1025891

P10/34/17 (12-04v2)

Approved for use through 7/31/2006 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/678,006
		Filing Date	October 1, 2003
		First Named Inventor	Giovanni COGLITORE
		Examiner Name	L. Lea-Edmonds
		Art Unit	2835
		Attorney Docket No.	443452000103
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT		(\$)	225.00

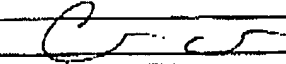
METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES										
Fee Description	Fee (\$)	Small Entity Fee (\$)								
Each claim over 20 (including Reissues)	50	25								
Each independent claim over 3 (including Reissues)	200	100								
Multiple dependent claims	360	180								
<table style="width: 100%;"> <tr> <td> Total Claims <u>51</u> - 51 = <u>0</u> x <u>25.00</u> = <u>0.00</u> </td> <td> Fee Paid (\$) <u>0.00</u> </td> </tr> <tr> <td colspan="2"> Multiple Dependent Claims <table style="width: 100%;"> <tr> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>180.00</td> <td>0.00</td> </tr> </table> </td> </tr> </table>			Total Claims <u>51</u> - 51 = <u>0</u> x <u>25.00</u> = <u>0.00</u>	Fee Paid (\$) <u>0.00</u>	Multiple Dependent Claims <table style="width: 100%;"> <tr> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>180.00</td> <td>0.00</td> </tr> </table>		Fee (\$)	Fee Paid (\$)	180.00	0.00
Total Claims <u>51</u> - 51 = <u>0</u> x <u>25.00</u> = <u>0.00</u>	Fee Paid (\$) <u>0.00</u>									
Multiple Dependent Claims <table style="width: 100%;"> <tr> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>180.00</td> <td>0.00</td> </tr> </table>		Fee (\$)	Fee Paid (\$)	180.00	0.00					
Fee (\$)	Fee Paid (\$)									
180.00	0.00									
<table style="width: 100%;"> <tr> <td> Indep. Claims <u>7</u> - 7 = <u>0</u> x <u>100.00</u> = <u>0.00</u> </td> <td> Fee Paid (\$) <u>0.00</u> </td> </tr> </table>			Indep. Claims <u>7</u> - 7 = <u>0</u> x <u>100.00</u> = <u>0.00</u>	Fee Paid (\$) <u>0.00</u>						
Indep. Claims <u>7</u> - 7 = <u>0</u> x <u>100.00</u> = <u>0.00</u>	Fee Paid (\$) <u>0.00</u>									

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(C) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x	125.00 = 0.00

4. OTHER FEE(S)	
Non-English Specification: \$130 fee (no small entity discount)	0.00
Other (e.g., late filing surcharge): <u>2252 Extension for response within second month</u>	225.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	48,375
Name (Print/Type)	Christopher B. Eide	Telephone	(650) 813-5720
		Date	November 16, 2005

pa-1025888